Department of Medical Assistance Services
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https://dmas.virginia.gov

MEDICAID MEMO

Last Updated: 03/09/2022

Beneficiary Choice in Health Care Decisions

DMAS has received inquiries and feedback regarding beneficiary choice and whether providers can assist beneficiaries with their health care decision-making process. This memo clarifies a Medicaid beneficiary's right to determine what health care decisions, including health plan coverage, is appropriate for them and who can be responsible for making health care decisions on someone's behalf.

As described in the Health Care Decisions Act (§54.1-2981 through §54.1-2996), every adult shall be presumed to be capable of making an informed decision and has the right to do so unless they are determined to be incapable of making an informed decision. Additionally, no adult shall be considered incapable based solely on a particular diagnosis. Capacity determination must be made in accordance with §54.1-2983.2.

All adults capable of making an informed decision, "may, at any time, make a written advance directive to address any or all forms of health care in the event the declarant is later determined to be incapable of making an informed decision." Additionally, any adult may also make a verbal declaration of an advanced directive in specific circumstances, which are also defined in noted code section. The procedures for making an advanced directive are described in §54.1-2983.

Whenever a person is determined to be incapable of making an informed decision and has not made an advanced directive, or has made an advanced directive that does not address the specific health care issue at hand and does not appoint an agent, the decision of appropriate health care must be made in accordance with §54.1-2986. This section of the Act specifically defines who can be responsible for making decisions on someone's behalf and defines in what order of priority they must be considered. Please note that §54.1-2986 (A)7 specifically prohibits, "any director, employee, or agent of a health care provider currently involved in the care of the patient" from being able to make health care decisions on behalf of the beneficiary in question.

§54.1-2986 (A) does permit a Guardian to make health care decisions on behalf of a person determined to be incapable of doing so. Guardianship, as defined in § 64.2-2000, can only be granted through a legal process where a guardian is appointed by a Circuit

Court Judge. Guardians are different than Representative Payees, who do not have the authority to make health care decisions on behalf of the person(s) they are serving. The Representative Payee is responsible for using the beneficiary's financial benefits to pay the beneficiary's living expenses but cannot make health care decisions.

Penalties for denying a person's right to choose vary depending on the scope and severity of the act. Please refer to the appropriate licensure board for your profession or the Code of Virginia for further information regarding potential penalties.

Providers who have questions as to how they can support residents' rights to exercise choice in health care decisions can use the Department of Aging and Rehabilitative Services statewide toll-free number 1- 800-552-3402 to contact a Coordinated Care Advocate or the CC Educator.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00

a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state
long distance 1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.